

Request for additional units. Existing Authorization Units

**\*Mark Standard or Urgent Request if initial request\***

**Standard requests** - Determination within 14 calendar days from receipt of all necessary information.

**Urgent requests** - Expedited request necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function. Authorization decision will be done within **72** hours of receipt of request. **42 CFR §438.21**

\* INDICATES REQUIRED FIELD

## MEMBER INFORMATION

Medicaid/Member ID\* Last Name, First Date of Birth\* (MMDDYYYY)

## REQUESTING PROVIDER INFORMATION *Address Required on Supplemental Form*

Requesting NPI\* Requesting TIN\* Requesting Provider Contact Name

Requesting Provider Name Phone Fax\*

## SERVICING PROVIDER / FACILITY INFORMATION *Address Required on Supplemental Form*

↳ Same as Requesting Provider

Servicing NPI\* Servicing TIN\* Servicing Provider Contact Name

Servicing Provider/Facility Name Phone Fax

## AUTHORIZATION REQUEST

\*Primary Procedure Code \*Start Date OR Admission Date \*Diagnosis Code

(CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

Additional codes will be provided on Supplemental Information Form End Date OR Discharge Date Total Units/Visits/Days For Primary CPT Code

(MMDDYYYY)

### Amerigroup

#### Physical Health - Fax #: 800-964-3627

Other Oxygen Services  
Biopharmacy  
Drug Testing  
Genetic Testing & Counseling  
Office Visit/Consult  
Outpatient Services  
Outpatient Surgery  
Transplant Therapy  
Neurobehavioral Rehabilitation  
Services(CNRS)  
Home Health

#### DME

417 Rental  
120 Purchase (Purchase Price)

#### Behavioral Health - Fax #: 877-434-7578

BH Assertive Community Service (ACT)  
BH Intervention Services (BHIS)  
BH Community Crisis Services  
BH Children's Mental Health Waiver (CMHW)  
BH ABA Services  
Other BH Outpatient Services

### Iowa Total Care

(Enter the Service type number in the boxes)

#### Physical Health - Fax #: 833-257-8327

422 Biopharmacy  
299 Drug Testing  
922 Experimental & Investigational Services  
205 Genetic Testing & Counseling  
249 Home Health  
390 Hospice Services  
410 Observation  
997 Office Visit/Consult  
794 Outpatient Services  
171 Outpatient Surgery  
202 Pain Management

#### Behavioral Health - Fax #: 844-908-1170

201 Sleep Study  
472 Stereotactic Radiosurgery  
209 Transplant Surgery  
993 Transplant Evaluation  
724 Transportation  
790 Occupational Therapy  
101 Physical Therapy  
701 Speech Therapy  
630 DME  
417 Rental  
120 Purchase (Purchase Price)

Please mark if including clinical information with the request

**Fee for Service: Fax # 515-725-1356**

more information: <https://dhs.iowa.gov/ime/providers/claims-and-billing/PA>

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.**

**COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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